



ROSS MILLER  
Secretary of State  
202 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684 5708  
Website: [www.nvsos.gov](http://www.nvsos.gov)

## Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Processing  
Service Requested:

☐

Regular

☐

24-Hour Expedite (additional fee included)

Name of Entity:

Date:

Return to:

Contact Name:

Phone:

**Return Delivery:** (email or fax options do not receive a copy via mail; must be ordered separately)

☐

Email to:

☐

Fax to:

☐

Hold for Pick Up

☐

Mail to Address Above

☐

FedEx: Acct #

☐

Other: (explain below)

Order Description: (include items being ordered and fee breakdown)\*

**\*PLEASE NOTE:** this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is **\$2.00** per page (plus **\$30.00** for each certification).

Total Amount:

Method of Payment:

☐

Check/Money Order

☐

eCheck/Credit Card (attach checklist)

☐

Trust Account:

☐

Use balance remaining in job #



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## ePayment Checklist (For Counter, Fax and Mail Requests)

Service Type: Counter ☐ Mail ☐ Fax ☐

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Order Processing Requested: (Expedite Processing Requires Additional Fees)  
Regular Processing ☐ 24-HOUR Expedite ☐ 2-HOUR Expedite ☐ 1-HOUR Expedite ☐

### **Payment by Electronic Check** (account holder name and address required below)

Account Type: ☐ Checking ☐ Savings  
Routing Number:   
Account Number:



Amount of Electronic Check: USD \$

### **Payment by Card** (card holder name and billing address required below)

Card Type: VISA ☐ MasterCard ☐ Discover ☐ American Express ☐

Customer Credit Card Number:   
V CODE\*

\* 3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards  
4-digit number found on the front right side of American Express card.

**NOTICE:** For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.

Credit Card Expiration Date: Month  Year

Amount to Charge Card: USD \$

### **Order Information** (required)

Entity Name/Order Reference:

#### Account/Card Holder Information:

Name as it Appears on the Account   
Billing Address   
City, State, Zip   
Telephone

### **Payment Authorization**

I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s):

**X**  
\_\_\_\_\_  
Authorized Signature

Not to Exceed Amount: USD \$